



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
49 Sweet Grass			0865 Big Timber Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1799	Yes	Eviene, Annie	3.25	_____
1	2436	No	Lehman, Trish	2.50	_____
1	2437	No	Walker, Rae	0.75	_____
1	2438	No	King, Lana	0.75	_____
1	2439	No	Indreland, Betsy	2.75	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0868 Melville Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
5	1792	No	Goodman, Kim	2.00	_____
5	1798	No	Earl, Michelle	2.00	_____
5	1800	No	Holman, David	3.50	_____
5	1802	Yes	Kapphan, Debora	1.75	_____
5	1827	No	Plaggemeyer, Larry	2.00	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0872 Greycliff Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	1805	Yes	Royce, Meredy	3.00	_____
16	2169	No	Bainter, Cindy	2.00	_____
16	2170	No	Hamel, George	6.00	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0875 McLeod Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
29	2171	No	Covey, Tory & Anglea	5.25	_____
29	2172	No	Foult, Paula	3.30	_____
29	2173	No	Lovely, Mona	3.50	_____
29	2174	No	Renskers, David & Cindy	4.15	_____
29	2175	No	Sayer, Jamie & Shawn	3.65	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>49 Sweet Grass</b>			District: <b>0882 Sweet Grass County H S</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	1793	No	Hancock, Roger	2.50	_____
CO	1796	No	Burkholder, Jason	3.50	_____
CO	1797	No	Clark, Lon & Lora Lee	5.05	_____
CO	1799	Yes	Eviene, Annie	3.25	_____
CO	1801	No	Johnston, Ronda C	7.00	_____
CO	1802	Yes	Kapphan, Debora	1.75	_____
CO	1803	No	McDonald, Sharon	4.50	_____
CO	1804	No	Richert, Sheryl	1.15	_____
CO	1805	Yes	Royce, Meredy	3.00	_____
CO	1806	No	Young, Larry	3.25	_____